

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
EATING & DRINKING ESTABLISHMENT / FOOD ESTABLISHMENT
INSPECTION REPORT

REASON		GRADE	Inspection Date:		ESTABLISHMENT NAME:	
Regular		25	10/17/14		3D'S KITCHEN	
Follow-Up			Time In	Time Out	OWNER/OPERATOR:	
Complaint	✓		10:30am	12:30pm	GALVEZ, ELVIN R.	
Investigation		RATING	Sanitary Permit No.:		LOCATION: #134 CHALAM	
Other:			20000-140000634		Establishment Type: MANUFACTURER	
			PERMIT STATUS:		Valid <input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Expired <input type="checkbox"/>	

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner, as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written request for hearing must be submitted before the indicated correction date.

ITEM*	REMARKS	DEMERIT	CORRECT BY
	A REGULAR INSPECTION WAS CONDUCTED BASED ON COMPLAINT #16-02513 REGARDING EMPLOYEES WITHOUT A HEALTH CERTIFICATE & COMPLAINT #18-138A REGARDING PLASTIC FOUND IN FOOD PRODUCTS. PREVIOUS INSPECTION CONDUCTED ON 12/11/13 (8/A), NO EVIDENCE TO SUPPORT THE COMPLAINTS WERE FOUND AT TIME OF INSPECTION.		
	THE FOLLOWING WAS OBSERVED:		
#15	BUILDUP OF GREASE IN COOKING AREA. ALL AREAS SHALL BE MAINTAINED & CLEAN TO PREVENT CONTAMINATION	2	11/17/14
#16	FAULET IN 3-COMPARTMENT SINK IN DISREPAIR. WAREWASHING FACILITY SHALL BE MAINTAINED TO PROMOTE PROPER CLEANING.	2	11/17/14
#17	NO CHEMICAL TEST STRIPS PROVIDED. TEST STRIPS SHALL BE PROVIDED TO ENSURE PROPER CONCENTRATION OF SANITIZING SOLUTION	1	11/17/14

I have read and understand the above violation(s) and I am aware of the corrective measures that I must take.

*Note: When any of the following items are cited above, they shall be corrected within

10 days of this inspection:

(1), (3), (11), (12), (27), (28), (30), (41) & (45).

Received By (Name & Title):

DEH Inspector (Name & Title):

J. CRUZ EPHU1

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DIVISION OF ENVIRONMENTAL HEALTH
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REASON	GRADE	Inspection Date:		ESTABLISHMENT NAME:	
Regular	25	10/17/78		SEE PAGE ONE	
Follow-Up		Time In	Time Out	OWNER/OPERATOR:	
Complaint		10:30am	12:30pm	SEE PAGE ONE	
Investigation	C	Sanitary Permit No.:		LOCATION:	Establishment Type:
Other:		20000-100000636		SEE PAGE ONE	MANUFACTURER
PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired					

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner, as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written request for hearing must be submitted before the indicated correction date.

ITEM*	REMARKS	DEMERIT	CORRECT BY
#20	NO SANITIZER PROVIDED SANITIZER SHALL BE PROVIDED TO ENSURE PROPER SANITIZING OF EQUIPMENT	4	10/27/18
#24	CLEAN EQUIPMENT STORED DIRECTLY ON FLOOR & NEAR HAND WASH SINK. EQUIPMENT SHALL BE PROPERLY STORED TO PREVENT CROSS-CONTAMINATION.	2	11/17/18
#27	NO HOT WATER PROVIDED HOT WATER SHALL BE PROVIDED TO PROMOTE PROPER CLEANING	6	10/27/18
#32	NO SELF-CLOSING DEVICE FOR RESTROOM. DRAINAGE FOR SINK IN DISREPAIR. RESTROOMS SHALL BE PROPERLY CONSTRUCTED & MAINTAINED TO PREVENT PEST ENTRY	4	10/27/18
#35	MULTIPLE OUTER OPENINGS THROUGHOUT ESTABLISHMENT ALL OUTER OPENINGS SHALL BE PROPERLY SEALED TO PREVENT PEST ENTRY	4	10/27/18

I have read and understand the above violation(s) and I am aware of the corrective measures that I must take.

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(1), (3), (11), (12), (27), (28), (30), (41) & (45).

Received By (Name & Title):

ELW GAN

DEH Inspector (Name & Title):

J. LAUR EPHC I

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DIVISION OF ENVIRONMENTAL HEALTH
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INSPECTION REPORT

REASON		GRADE	Inspection Date:		ESTABLISHMENT NAME:	
Regular			10/17/74		SEE PAGE ONE	
Follow-Up		25	Time In	Time Out	OWNER/OPERATOR:	
Complaint	✓		10:30 am	12:30 pm	SEE PAGE ONE	
Investigation		RATING	Sanitary Permit No.:		LOCATION:	Establishment Type:
Other:			20000-18090676		SEE PAGE ONE	MANUFACTURER
			PERMIT STATUS:		✓ Valid	Temporary Expired

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner, as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written request for hearing must be submitted before the indicated correction date.

[illegible]

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DEH Inspector (Name & Title):

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J. CRUZ 13P1401